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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/665,065
Filing Date	09/19/2000
First Named Inventor	Kamel Shaath
Art Unit	3626
Examiner Name	GILLIGAN, CHRISTOPHER L
Attorney Docket Number	0002-00006 US CI

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:**94979** Please change the correspondence address for the above-identified application to: The address associated with Customer Number:**94979****OR** Firm or Individual Name

Address			
City			
Country	State	Zip	-
Telephone	Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Mr. Kamel Shaath, Chief Technology Officer, KOM Networks, Inc.

Date

4/20/2011

Telephone

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.